

**ARKANSAS
APPRAISER LICENSING & CERTIFICATION BOARD**

REQUEST FOR CONTINUING EDUCATION CREDIT

This form was developed for your convenience in reporting continuing education to the Arkansas Appraisers Licensing and Certification Board. **IT DOES NOT IMPLY AUTOMATIC ACCEPTANCE BY THE BOARD OF AN EDUCATION PROGRAM.** A copy of the program brochure or outline is required if the course/seminar has not been pre-approved.

1. This form must be completed in its entirety and sent to the Board office.
2. **PLEASE TYPE OR PRINT LEGIBLY.**
3. Keep a copy of the form for your files.
4. Return at any time or with renewal fees and application to:

Arkansas Appraiser Licensing
& Certification Board
101 E. Capitol, Suite 430
Little Rock, Arkansas 72201

NAME

Social Security Number

Mailing Address

License Number

City/State/Zip

Telephone Number

Program Title

Program Dates

Number of Instructional Credit Hours

Sponsoring Organization

Program Location (Place, Town, State

Instructor

Description of Activity and Content (you may attach a brochure): _____

Evidence of Completion
(Signature of Instructor/Program Official)

Signature of Licensee

Date

(This form may be duplicated)

INSTRUCTOR EVALUATION FORM

INSTRUCTIONS: Circle the appropriate number (1, 2, 3, 4, 5) denoting your answer to each of the following items. (One (1) indicates poor. Five (5) indicates excellent.) Do not include guest lectures in the evaluation.

Name of Instructor(s): _____

	Poor		Excellent	
1. Knowledge of Instructor(s) in subject matter	1	2	3	4 5
2. Instructor's ability to communicate and explain course material	1	2	3	4 5
3. Instructor's ability to make subject matter interesting	1	2	3	4 5
4. Encouragement of students to take an active part in class	1	2	3	4 5
5. Adequate facility (sufficient seating, light)	1	2	3	4 5
6. Conducted class for full class hours each time	1	2	3	4 5
7. If videotapes were used, instructor helped explain material and was present during class to answer questions	1	2	3	4 5

What could the instructor(s) have done to improve the quality of the course? _____

Comments: _____

Signature

IMPORTANT

**THIS FORM MUST BE COMPLETED IN FULL IN ORDER
TO RECEIVE CREDIT FOR THE COURSE HOURS SHOWN ON THE FRONT**